UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

DISABILITY ADVOCATES, INC.,

Plaintiff,

v.

ELIOT SPITZER, in his official capacity as Governor of the State of New York, RICHARD DAINES, in his capacity as Commissioner of the New York State Department of Health, THE NEW YORK STATE DEPARTMENT OF HEALTH, MICHAEL HOGAN, in his capacity as Commissioner of the New York State Office of Mental Health, and THE NEW YORK STATE OFFICE OF MENTAL HEALTH

Defendants.

03 Civ. 3209 (NGG) (MDG)

AFFIDAVIT OF ELIZABETH JONES

STATE OF MARYLAND)
) ss.:
COUNTY OF MONTGOMERY)

ELIZABETH JONES, being sworn, deposes and says:

1. I have been retained as an expert witness by the Plaintiff in above-captioned case.

2. I hereby annex copies of my expert report, dated April 5, 2006, and expert reply report, dated October 17, 2006, with exhibits, as Exhibits E. Jones-A and E. Jones-B, respectively. These reports were true and accurate when I wrote and submitted them in this case, and I hereby re-affirm and incorporate them by reference.

3. I hereby annex an updated copy of resume as Exhibit E. Jones-C. This resume is true and accurate and I hereby affirm and incorporate it by reference.

Elizabeth Jones

Sworn to before me this
26th day of November, 2007

Notary Public

JENISE S. ROSS
NOTARY PUBLIC
STATE OF MARYLAND

E. Jones – A

REPORT IN THE MATTER OF
DISABILITY ADVOCATES, INC. v. PATAKI
03 CV 3209 (NGG)

I. Introduction

As my resume indicates, I have over thirty years of experience in the field of mental disability. A substantial part of my work has focused on the management of institutions and the planning, development and management of community services for people with mental illness and/or mental retardation. I have been the Superintendent/Director of three institutions (Belchertown State School, Northampton State Hospital, and St. Elizabeths Hospital) and the court-appointed Receiver of a psychiatric institution (the Augusta Mental Health Institute). I have managed the day-to-day operations of two community systems (Western Massachusetts and the District of Columbia). With respect to these latter responsibilities, in particular, I have had a leadership role in planning, developing and implementing services in integrated settings as an alternative to institutional care. I have served as an expert consultant regarding institutional conditions and the development of alternative community-based programs in Massachusetts, Texas, North Dakota, Iowa, Michigan, Romania, Bulgaria and Paraguay. My resume is attached as Exhibit 1.

The information for this report was obtained from five primary sources.

1. Between June 5, 2004 and January 11, 2006, I visited twenty-three impacted adult homes. I visited fifteen of these homes once (Surf Manor, Park Inn, New Central Manor, Parkview Manor, Sanford Home, Elm-York Home, Ocean House Center, Long Island Hebrew Living Center, Belle Harbor Manor, Lakeside Manor, Queens Adult Care Center, Anna Erika, Thomas Jefferson, New Haven Manor and New Gloria's Manor). I visited seven of these homes twice (Brooklyn Manor, Bayview Manor, Garden of Eden, Ocean View Manor Home, Surfside Manor, Seaview Manor and Riverdale Manor). I visited one adult home, Mermaid Manor, three times. I spent approximately one to six hours per visit. Overall, I have spent approximately seventy-five hours in the adult homes referenced above. During these visits, I was able to visit common living areas and/or individual bedrooms; observe activities, including mealtimes and medication times; observe staff to resident and resident to resident interactions; and, in some instances, speak with staff about their work in the adult home. A list of adult homes that I visited, including the dates of my visits, is attached as Exhibit 2.

2. My site visits to the adult homes enabled me to speak with residents, often at length. Overall, I was able to speak with 179 residents about their daily lives at the adult homes and the

circumstances that brought them there. My conversations with residents ranged in length from several minutes to over two hours.

3. Three adult homes, Seaview Manor, Riverdale Manor and Garden of Eden, were selected, on the basis of location, size and participation in the Columbia Presbyterian survey, for additional focus. Three social workers with community mental health experience in New York were retained to visit the homes, interview residents and observe activities and conditions. Between April 2005 and October 2005, the social workers interviewed sixty-two residents and prepared summaries of their observations for my review. Three former residents of adult homes, now living in supported housing, were also interviewed. I provided direction to the social workers in meetings and by telephone. I also interviewed eleven of the same residents.

4. I reviewed numerous documents about the adult homes including inspection reports, incident reports, medical records regarding individual residents, depositions and literature from the Office of Mental Health. The materials that I considered in reaching my opinion are listed in Exhibit 3. I am being compensated at a rate of $125/hour for my work in this case.

5. Along with Mr. Dennis Jones, I participated in a meeting with providers of residential services in New York City. The discussion centered on the availability and array of housing for adults with serious mental illness in New York.

II. Summary of Major Findings

It is my principal finding that the adult homes are institutions. This finding applies to each of the adult homes visited in preparation for this report. There is no meaningful difference between the homes in this regard.

Each of these homes is a large congregate facility for residents with mental illness or another disability. Each home has many of the characteristics of a psychiatric hospital.

By observation and by reports from the residents themselves, it is clearly evident that:

- Privacy is severely curtailed;
- Lifestyles are highly regimented;
- Choice is limited by rigid rules and practices;
- The living environment is loud and impersonal;
- Staff to resident interactions are perfunctory;
- Residents do not always feel safe;

- Residents fear retaliation and some have been arbitrarily penalized;
- There is little meaningful activity;
- Days are characterized by waiting for meals, medication and cigarettes.

As a result of these living conditions, residents have very limited opportunities for meaningful interaction with members of the community outside of the adult home. Some adult homes are located in areas with few available resources for shopping or recreation. While some residents attend day programs, they do so in groups of people with mental illness. Organized trips to shopping centers and other community recreational sites are limited; when they do occur, it is usually a group activity. Residents lack the funds to pay for transportation and access to community events. The adult home may restrict visitors to certain times or areas of the facility. Visitors must sign in and state the purpose of their visit. In most homes, access to telephones with an outside line is limited to pay phones in the hallways or in the common areas.

Residents had virtually no meaningful choice about their admission to an adult home. Many were confined to a state or community psychiatric hospital and were eager to leave that setting. Some residents were homeless and were desperate for an alternative to a shelter. Others had lost their family home when a relative died and were referred from social service agencies. I met very few residents who were offered options other than an adult home. Many residents reported that they accepted placement in an adult home with the understanding or belief that it would be a short term placement.

In fact, the adult homes are permanent placements. Comprehensive discharge planning is non-existent. Residents lack information about alternative housing. When residents request another option, they lack reliable assistance in completing and processing applications in a timely manner. Residents do not often see other adult home residents obtain alternative housing. As a result, residents become discouraged and develop a sense of hopelessness about their future. Finally, some residents may express a desire to leave the adult home but their desire may be mixed with fear. As one resident stated: "...definitely I have pause about moving out on my own, could I handle the budget, could I handle cleaning, could I handle the shopping, could I handle the cooking again...I am terrified of winding up back in the system."

Adult home residents are capable of living in supported housing and other more integrated settings. Some residents are quite independent. Other residents would require more supports in the transition from the adult home to a more integrated setting. Existing supported housing programs could meet the needs of these adult home residents. After the resident is more confident of his/her skills in managing personal and household tasks, it is probable that supports can be reduced. In the 109 conversations where living preferences were discussed, 91% (ninety-nine) of the residents I interviewed would choose to leave the adult home, if other options were available. The remaining 9% (ten) of the residents I spoke with about this issue were reluctant to leave; with very few exceptions, they lacked sufficient information to make an informed decision.

III. Discussion of Findings

A. The Adult Homes Are Institutions

Psychiatric institutions are congregate facilities characterized by restrictive rules and practices that prohibit or severely limit opportunity for interaction with non-disabled individuals. As a result, institutionalized individuals exercise little or no control over their personal lives, possessions or space. There are few opportunities to participate in community events or activities. There is scant opportunity for developing relationships with non-disabled people at work or in the neighborhood.

Institutions are designed to manage or control large numbers of people. They exercise such control by eliminating choice and personal autonomy, establishing inflexible routines for the convenience of staff, restricting access, implementing measures that maximize efficiency, and penalizing residents who break the rules.

The adult homes are institutions for people with mental illness. They have the following characteristics:

1. The physical environment is institutional.

The adult homes I visited house from 123 to over 420 people. The median capacity of these homes is 200 people. The residents live in semi-private rooms with minimal furnishings and personal space. The three residents I met at Elm-York share a single bedroom. Each room has a bed, dresser and nightstand for each person. Generally, there is a closet for each resident, although the closets were shared in certain facilities. Bathrooms are shared by roommates and, frequently, with the residents next door. One facility, Park Inn, had common bathrooms for men and women residents. Bathroom doors do not always lock.

There are areas in the adult home that only staff can use. Staff bathrooms are usually locked and only staff has the keys. Staff space is more personalized, cleaner and more comfortable. Staff has access to telephones and privacy.

Common areas are generally limited to a dining area, smoking areas, and a lobby or waiting area that serves as a day room. Chairs are lined up in rows around the day room walls; chairs are lined up in front of the ever present television sets; benches are lined up in front of the buildings and in smoking areas. There is virtually no space to have a private conversation or to avoid being observed by other residents or staff. Residents are required to either remain in their rooms or go outside for privacy. Otherwise, they have no choice but to remain with a large group of people throughout the day and evening.

2. Adult homes are dehumanizing.

Staff frequently enters resident rooms without permission. Residents repeatedly cited examples of staff entering the room without respecting their need for

privacy. Residents reported that their personal belongings were stolen by staff and that management removed possessions without their permission.

Medication and meal times are announced by loudspeakers. There are long lines for medication, long lines for meals, and long lines for receiving personal allowances. Significant amounts of time are spent waiting. In fact, the adult home lines are longer than those in most psychiatric hospitals. Adult homes have lines for up to 400 people. Psychiatric hospitals are divided into wards with approximately twenty residents. There is no evidence of flexibility or individualization in these or other routines of the adult home. Rather, routines are established for the staff and home's convenience. They help staff and the home manage a large group of people.

With few exceptions, staff interactions with residents are cursory and usually limited to business transactions. Staff is verbally disrespectful in many instances and physically abusive in at least one resident report. Residents were treated as if they were invisible or were objects. Repeatedly, I observed staff failing to recognize or acknowledge the resident's presence. I seldom observed greetings or kindly inquiries about a resident's well-being, even when the resident was passing through the lines for medication or allowances or when food was being served. In the common areas, I observed residents who were crying or withdrawn. I never saw a staff person approach these residents to offer assistance or comfort. As I sat with residents at the dining room tables, plates of food often were distributed and collected without comment or recognition of the resident. As I sat with residents in their rooms, I frequently observed staff entering without knocking, without permission and without acknowledging the resident's presence. Unless requested, staff did not leave the room while the resident was speaking with me. Residents reported that staff yelled at them or ridiculed them.

3. Adult home residents are deprived of meaningful choice in almost every aspect of their daily lives.

Residents lack choice in almost every aspect of their lives, and must adhere to rigid schedules. Adult homes severely limit opportunities to learn and practice skills, enjoy spontaneity, and plan and experience activities outside the home. For example, at one adult home, I sat in the residents' group discussion about diabetes and the selection of healthy foods. The residents described how they would shop for certain meal items and then prepare them. This lesson would have been much more effectively taught, and remembered, if the instructor had helped the resident go to the grocery store and then prepare the meal in his/her own kitchen.

Residents are assigned roommates and must request changes from the administrator. Residents have described the stress of being housed with another adult in a small space, the relief of being assigned a roommate who is respectful and friendly, the discomfort of having a roommate who is not, such as one who invites other residents into the room for sexual activity.

In the dining rooms, residents are assigned tables marked by numbered signs. They do not choose their table mates. They cannot sit with their friends. As a result, mealtime is often unusually quiet—a roomful of strangers eating together but not interacting. Residents with diabetes are routinely clustered at certain tables, often marked by signs with green or red dots. There is very limited choice about meals. Residents complain bitterly about the poor quality of the food and the inadequate portions. The food is served by staff, often observed to be rude and inconsiderate. Mealtimes are perfunctory events. They are not opportunities for socializing, satisfaction or participation in meal planning and preparation. In these ways, mealtimes are more restrictive than those in psychiatric hospitals.

Mealtimes are also times for the distribution of medication. Residents are administered their medication from carts wheeled through the dining area or while standing in lines in front of a nurses station. Medication and mealtimes are linked in the routine of the day.

Despite the inadequacies of mealtime at the adult home, residents are waiting in line at the dining room door as the loudspeaker announces the time to eat. Mealtimes are diversions in the monotony of the day. Mealtimes are part of the expected routine.

Residents have limited access to their personal needs allowances. At many adult homes, residents are distributed their funds after waiting in lines at designated times on certain days of the week.

Residents reported being required to attend a day program and being forced to take their medication. Residents have no choice as to when they eat, when they take their medication, when they have their rooms cleaned.

Residents must adhere to the rules of the home or risk being arbitrarily penalized. Residents described being refused dinner because they were a few minutes late and being denied their personal allowance because they declined to attend the day program. Residents reported being chastised for complaining about a rule.

The institutional nature of the adult homes is clearly demonstrated by its unrelenting daily routines. In one's own home or in supported housing, such arbitrary routines do not occur. There is flexibility in the rhythm of the day; there is an opportunity to make decisions about schedules and ordinary activities; there is an opportunity to learn and practice skills; there is the possibility of spontaneous social events or interactions with non-disabled neighbors or friends; there is the choice of priorities; there are no lines; there is no one telling you what to do over a loudspeaker.

4. There is evidence of physical and psychological neglect.

In my visits, I observed numerous residents who lacked adequate clothing, who said they did not get enough to eat, and/or who required serious attention to their

dental needs. I noted some residents who were upset. I did not see staff offer assistance or comfort. Residents were comforted by other residents or were ignored.

For example, on the eve of Passover 2005, I spent three hours in the day room of Belle Harbor, sitting with elderly residents who were upset by the lack of cleanliness on this important holiday. In the entire time I was there, not one staff person came into the room to inquire about the residents or to talk with them about the approaching holiday. The nurse dispensed medication from her cart without greeting the residents or even acknowledging their presence. Dinner was served in silence.

Residents lack information that is important to their emotional well-being. Deaths are not acknowledged or discussed. Residents are not mourned. One resident told me of the recent death of a resident who was a friend. He considered it a major accomplishment that the adult home operator agreed to display a notice recognizing his friend's death. Residents are not given any reassurances to alleviate their concerns about hospitalized roommates or to inform them as to when their roommate will return to the adult home.

5. Residents are fearful of the adult home management and staff.

Residents fear retaliation, especially psychiatric hospitalization, if they complain or do not follow the rules in the adult home. This fear is grounded in their experiences of being sent to the hospital themselves or of witnessing the police remove other residents from the home.

Frequently, residents were uncomfortable with talking to me within the view of staff. Residents expressed concern that they would be overheard. Residents wanted reassurance that the information they gave me would not be repeated to the adult home operator. During one visit, a resident began to answer a very simple question about her daily routine. When the adult home manager came up to us, she began to cry and anxiously asked him if she had said the right thing. On other occasions, residents would end their conversation with me when staff approached us or were within close proximity.

Fear has caused residents to endure unpleasant and undesirable conditions without complaint. Residents dislike and resent the inflexible and dehumanizing practices of the adult homes, but many have decided that there is too much risk in raising an objection. Instead, they have learned to adapt. They say nothing because they know nothing will change.

Residents have been arbitrarily penalized by the adult home staff. Residents informed me that refusing medication would result in psychiatric hospitalization. Residents' personal allowances have been withheld because they refused to attend a day program. One resident informed me that staff was instructed by the adult home operator to withhold his meals if the resident arrived late.

B. The Adult Homes Are Segregated Settings

The adult homes I visited are located within or on the periphery of residential neighborhoods in Brooklyn, Queens, the Bronx and Staten Island. With one exception (Mermaid Manor), they are unlocked during the day. Access to local transportation, shopping and other resources is highly variable. Residents may be unable to access these resources because of the walking distance and limited funds for transportation.

Despite their location and unlocked doors, adult homes are not integrated settings. They are not similar to apartment buildings in a New York neighborhood. Rather, in several important respects, they are comparable to unlocked wards on the grounds of a state psychiatric hospital.

The adult homes are identifiable by the concentration of residents who congregate on the sidewalks surrounding the building. Residents are clustered on the benches and in the outdoor smoking areas. The adult home's building design and its appearance contrast with the other housing in the neighborhood. In some instances, a fence limits access to the building. There are day program vans and staff in uniform. Programs located on the grounds of a state psychiatric hospital often can be described with these same characteristics.

Furthermore, the adult homes segregate residents from their communities by their restrictions on autonomy, choice, privacy, and access to sustained and meaningful contact with people who are not disabled. As described above, the inflexible and controlling practices of the adult homes prevent residents from exercising independence in their everyday routines. There are numerous examples as to the segregating effect of these adult home practices. For example, medical care is often provided on site rather than in a doctor's office in the neighborhood or in the broader community. In at least one example, religious services are offered routinely inside the adult home. Residents cited examples of purchasing clothing from clothing suppliers who came into the home. There is a paucity of occasions to celebrate with family or friends. There is no room at the dining tables for visitors. There are limitations on access to computers and telephones. There is a failure to teach socialization skills so that more shy or more solitary residents feel more comfortable with their peers. In virtually every aspect of adult home life, the residents are deprived of the necessity—the stimulation—of leaving the building in order to address their basic living experiences. Furthermore, deviation from the adult home routines is at the resident's expense. For example, if they are absent for meals at the adult home, residents must buy their own food. Two of the facilities I visited did not permit visitors in the residents' rooms without prior permission from management. One adult home required that my driver's license be duplicated for their record of visitors. One adult home asked me to leave because my visit was not approved by management.

In their conversations with me, residents expressed their sense of being apart from the larger world. Residents told me:

"You can't make a life with two hundred people."

"Most people will die here."

"This is its own society. This is a very cruel place. This is such a hard life."

C. Adult Home Residents Were Placed Without Meaningful Choice

Residents were admitted to the adult homes from state psychiatric hospitals, community hospitals, nursing homes, shelters, family homes, including those with their spouses and children, and from other adult homes that were closed.

Residents have lived in the adult homes for varying lengths of time. I met residents who were admitted to an adult home from state hospitals over thirty years ago. Other residents were admitted more recently—several months before I spoke with them.

Residents were admitted to the adult homes with little or no choice. The options included staying in the state hospital, staying in a shelter, or remaining in another adult home where the conditions were even worse. Only a very small number of individuals were offered alternative housing at the time they were admitted. These residents were uncertain they would get the support they needed. Residents were admitted to the adult homes after being promised that it was a temporary placement.

D. Adult Home Residents Would Choose To Leave

During my site visits, I spoke with 179 residents. The issue of housing preference was discussed in 109 conversations. The great majority--91%-- of the adult home residents I spoke with during my visits wants to live somewhere else. They expressed a preference for their own apartment, with or without a roommate, in a familiar neighborhood or borough. They were able to articulate their needs for support. They were expressive about their wishes for jobs, companionship, privacy and independence. The desire for one's own home was not limited by age, education, or psychiatric history.

Regardless of the level of support required, residents want to leave the adult homes.

For example:

Without any hesitation, P.C., an elderly woman, told me that her own apartment would be "a dream come true." She very quickly outlined the supports she would need, such as help carrying packages up the stairs, and clearly described her ability to cook, clean and manage her own household. This adult home resident was eighty-two years old the very day we spoke.

> J.T. and S.R. are roommates who are working together to locate an affordable apartment. They read the newspaper ads every day and are saving their money for the expenses they must pay.
>
> Over six years ago, R. applied for supported housing. She has yet to learn the status of her application and is afraid there is "something wrong" with her.
>
> R.S. and R.S. are a married couple who live together and would like their own apartment. They did not know how they could support themselves on their monthly personal allowances. They had received no information about or help in locating alternative housing.

I know of no reason why these and the other residents could not live in their own apartments, with family/friends, or in supported housing. Residents need to have their individual requirements and interests determined so that in-home and other supports are provided, as appropriate. Each resident should be given sufficient information about available options. Each resident should be offered assistance in exploring alternative housing that reflects their personal preferences and needs for support.

Many adult home residents are uninformed about the resources available for supported housing. Quite erroneously, they believe that they would be required to pay for all of their living expenses within the limits of their current monthly personal allowance — approximately one hundred and fifty dollars per month. (They are correct in thinking that such funds are insufficient for food, clothing and other household costs). They have not been provided with accurate and complete information about supported housing or the other resources and benefits that might be available to them. As a result, they are afraid to leave the adult home. Residents who were once evicted from housing for inability to pay rent and residents who were homeless are especially articulate about their fear of a lack of adequate resources. They do not want to be homeless again.

Although the great majority of residents desire to live elsewhere, I did speak with some residents who prefer at this time to remain in the adult homes. For example, some individuals who had been homeless were reluctant to lose the stability they had achieved in having a place to live. Although they acknowledged the inadequacies of the adult home, they found it preferable to life in a shelter or on the streets. Other residents have had financial difficulties and were afraid to take on the responsibility for managing their household expenses and rent. Some residents were reluctant about establishing new relationships. Two residents had assumed roles with some influence with management in the adult home and did not want to relinquish that position.

These conversations were helpful to my understanding of the traumatic experiences, disrupted relationships and isolation of adult home residents. Many people with mental illness who have been institutionalized are reluctant to make changes in their lives. They will be prepared to make major changes if they receive support and detailed information. Based on my own experience and knowledge, I am convinced that most residents who are reluctant to leave the adult home would change their minds if offered options that reflected their interests and preferences. I am convinced that they would decide to live in their own apartment or in supported housing if they had information and reassurances about financial assistance, counseling, in home support, and opportunities for work and social activities. I am confident that they would choose to leave the home if they had someone they trusted to speak with and who would go with them to see the various housing options.

These residents have not made an informed choice about their housing. They have not been informed about the array of housing options provided by the state of New York, the benefits available to them, or the complement of providers experienced in supporting adults with mental illness.

E. Adult Home Residents Are Capable of Living in Alternative Housing

With individualized planning and support, adult home residents are capable of living in alternative housing. I did not meet any adult home resident who could not live in his/her own apartment, with family or friends, or in supported housing.

Each adult home resident requires an individualized assessment of his/her need for support. In order to provide necessary supports, there must be an understanding of the individual's interests and wishes as well as knowledge about his/her strengths and vulnerabilities.

The residents of adult homes reflect a range of needs for support. Some individuals will require little case management or other support to live alone or with family and friends. Other residents will require some support, for some period of time, with the use of community resources and with the activities of daily living—grooming, meal preparation, shopping, household maintenance, and budgeting. Some residents may need such supports for an extended period. Some will need help from case managers and other professionals in managing their medications and meeting health-related needs.

Residents need support due to their mental illness and because they lack recent experience in taking care of their personal needs. Residents who need to relearn certain living skills will do so more easily in "real life" settings. All residents would benefit from small, individualized residential settings such as supported apartments. Over time, as residents gain confidence and relearn skills, supports can be withdrawn or reduced.

Some residents expressed concern about loneliness and a lack of companionship. These residents will require assistance in finding ways to meet other

people and to participate in leisure and recreational activities. These men and women might prefer a roommate or might want to become a member of a Clubhouse, a program that provides social and vocational opportunities.

None of the adult home residents' needs is unusual or difficult to address. They reflect standard issues of practice in the field of mental health. These are issues routinely managed by community providers in New York.

Some clients I spoke with said that they did not wish to leave the adult home. I believe this decision should be respected. However, I am confident that some of these residents would want to live in a more integrated setting if they had more information about alternative housing and if they were given a meaningful choice of options. Adult home residents simply have not been informed about the array of housing options provided by the State of New York; the benefits available to them; or the complement of providers experienced in supporting adults with mental illness.

IV. Conclusions

Based on my experience and multiple sources of information, I conclude the following:

- The adult homes are institutions.
- The adult homes are segregated settings. Residents have limited access to interaction with non-disabled people.
- Residents have had minimal or no choice about their placement into the adult home.
- Virtually all adult home residents would choose independent or supported housing.
- Some adult home residents are reluctant to leave the adult home because of their unstable life histories and/or their lack of information about funding and available alternatives. Most of these residents would choose to leave if given an informed choice and appropriate support.
- With individualized planning and support, adult home residents are capable of living in independent or supported housing.

Today, generally accepted principles of mental health care include: self-determination, individualized treatment, social interaction with non-disabled peers, employment with appropriate supports, and use of mainstream community resources including housing. The strategic plan of the Office of Mental Health reflects these very principles. Regretfully, these principles, espoused by the State of New York, have not been extended to the residents of the adult homes.

Elizabeth Jones

April 5, 2006

Date

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RESUME

ELIZABETH JONES

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EDUCATION

Web-based Certificate Course in Supported Employment, Virginia Commonwealth University, Rehabilitation Research and Training Center on Workplace Supports, Richmond, VA, 2002.

Program for Senior Executives in the Commonwealth of Massachusetts, Kennedy School of Government, Cambridge, MA, 1983.

Master of Science, Labor Studies, University of Massachusetts, Amherst, Labor Relations and Research Center, 1982. Thesis focused on the Rhode Island Labor/Management agreement regarding the transfer of public employees from institutional to community-based programs.

Graduate work (20 credit hours) in Educational Psychology, Georgia State University, Atlanta, GA, 1976-77.

Bachelor of Arts, English, University of California at Santa Barbara, 1972.

WORK EXPERIENCE

February 10, 2004 to present: **Court Monitor**
Washington, DC

Appointed as Court Monitor in federal court class action litigation, Evans v. Williams, brought to compel the development of community-based, individualized services/supports for former residents of the District-operated Forest Haven institution (now closed) for children and adults with mental retardation/developmental disabilities. Responsibilities include oversight of all monitoring activities, management of the Court Monitoring Office, reporting to the federal court, and working with the parties to identify issues/concerns affecting compliance with longstanding court orders and agreements.

November 5, 2003 to December 31, 2004: **Receiver**
Riverview Psychiatric Center/Augusta
Mental Health Institute
Augusta, ME

Appointed by the Maine Superior Court in the Bates v. Walsh and Burdick case, class action litigation brought in 1989 to ensure the provision of mental health treatment to current and former clients of the Augusta Mental Health Institute. Responsibilities included oversight of all Hospital management and operations; preparation and implementation of a work plan that will lead to compliance with the Consent Decree and monthly reporting to the Court. The Receivership was vacated by the Law Court of Maine in December 2004.

August 1, 2001 to February 10, 2003: **Senior Planner**
District of Columbia
Department of Mental Health
Washington, DC

Within the newly formed Department of Mental Health, responsible for planning systemic initiatives that improve the quality of care/treatment for individuals with serious mental illness. Major responsibility for the Department's evidence-based supported employment initiative including the Ticket to Work; development of core curriculum for employment specialists; implementation of the Johnson & Johnson-Dartmouth Community Mental Health Program grant award; data analysis of existing employment services; restructuring employment models no longer considered consistent with best practices; and interagency collaboration to expand employment options for adults and youth with serious mental illness/emotional disturbance. Additionally, exercised major responsibility for interagency efforts to improve services/supports for those clients with a dual diagnosis of mental illness/mental retardation.

June 1, 2000 to August 1, 2001: **Chief Operating Officer**
District of Columbia
Commission on Mental Health Services
Washington, DC

April 1, 2000 to June 1, 2000: **Acting Chief Operating Officer**

Under the direction of the Transitional Receiver, responsible for the day to day operations of the Commission including supervision of all administrative and programmatic functions; working with other government agencies and providers of services/supports to the Commission and its clients; collaborating with consumer groups, advocates, family groups and other interested parties to strengthen the mental health system's responsiveness and effectiveness in meeting its mandates; participating in the design and implementation of systemic reform initiatives; overseeing the investigation and resolution of concerns impeding the delivery of services/supports of the highest possible quality.

February 1998 to February 2001: **Hospital Director**
St. Elizabeths Hospital
Washington, DC

Overall management responsibility for the Acute Care and Continuing Care programs of a public psychiatric hospital then under federal court receivership pursuant to orders in the Dixon v. Williams case, a longstanding class action lawsuit mandating the development of a comprehensive community based mental health system.

Responsibilities included direction and oversight of the provision of active treatment to approximately 375 clients; identification of appropriate community services for individuals no longer requiring stabilization in an inpatient setting; management of personnel and budget; work with advocates, families, legal representatives, community providers, community advocacy groups and public officials. As member of the senior executive staff, responsible for working with the Receiver and colleagues to design, implement and evaluate strategies for systemic reform. Also responsible for the overall management of the CarePoint Project, an initiative designed to substantially reform and improve the provision of individualized services and supports.

June 1990 to February 1998: **Executive Director**
Maryland Disability Law Center
Baltimore, MD.

The Maryland Disability Law Center is a public interest law firm funded mainly through federal and state grants and contracts. Pursuant to federal law, it has been designated since 1977 as the Protection and Advocacy System for the State of Maryland. Reporting to an independent Board of Directors, responsibilities as Executive Director included supervision of thirty-six staff including thirteen attorneys and nine paralegals and management of a two million dollar budget. Responsibilities also included planning, program implementation, liaison with advocacy groups and state agencies, public relations and playing a key role in the disability and public interest community.

July 1986 to June 1990: **Coordinator**
Dixon Implementation Monitoring Committee
Washington, D.C.

Coordinator for the Dixon Committee, a monitoring group established in 1980 by Federal District Judge Aubrey Robinson in the Dixon v. Williams lawsuit. The Committee was mandated to receive and analyze defendant's reports and factual investigations; screen and investigate complaints; oversee and report on the progress of the implementation of the Court's decrees. Responsibilities as Coordinator included advising plaintiffs' attorneys at the Mental Health Law Project (now the Bazelon Center for Mental Health Law) and at Covington and Burling on programmatic issues; serving as a liaison between the Committee and its attorneys as necessary; community organizing; conducting site

visits; designing public education strategies; extensive public speaking; working with the media; fundraising; and developing and managing student internships with local colleges and universities.

December 1983 to July 1986: **District Manager**
Department of Mental Health
Northampton, Massachusetts

Chief Executive Officer for five mental health and mental retardation service areas (total population 800,000). Exercised responsibility for an approximately sixty million-dollar budget. Overall responsibility for the implementation of the Brewster decree, a landmark federal court order governing the use of Northampton State Hospital and the development of community programs for people with mental illness. Extensive experience in working with organized labor, private provider agencies, local and state government officials consumer and family advocates, the media and a wide spectrum of community groups interested in the mental health system and the implementation of necessary systemic reforms.

Management responsibilities also included planning; program development; program implementation; supervision of senior staff; community relations; dispute settlement; interagency coordination; budget preparation; oversight and monitoring; designation as appointing authority for all area-based state employees.

September 1983 to December 1983: **Director of Planning, Development and Compliance**
Belchertown State School
Belchertown, Massachusetts

Oversaw Belchertown State School's compliance with federal, state and court mandates; coordinated all responses and compliance plans for the court under the Ricci v. Greenblatt decree and for federal Medicaid. Worked with local and state officials and agencies on issues related to the present and future uses of state school property; developed long-range initiatives for the use of state school resources; designed and implemented tools, methods and techniques for monitoring service delivery at the State School; designed and implemented training in quality assurance for staff at all levels of the organization.

August 1982 to September 1983: **Acting Superintendent**
Belchertown State School
Belchertown, Massachusetts

Overall management responsibility for the direction of a large residential facility for individuals with mental retardation. Responsibilities included the implementation of a consent decree resulting from a federal class action lawsuit, Ricci v. Greenblatt. Management functions also included personnel authority over 1,400 staff; supervision of senior staff; oversight of budget preparation and spending for direct resources of over

twenty-eight million dollars in state and federal funds; labor relations; community relations; participation in the planning and implementation of community programs for clients with mental retardation in District I; and planning on statewide issues. Initiated the development of self-advocacy programs for the residents of Belchertown State School.

Worked as a primary member of the regional senior management team to plan and ensure the implementation of all necessary reforms in the provision of mental health and mental retardation services to residents of Western Massachusetts and their families. Worked with senior management colleagues to design, coordinate and evaluate policies and program standards for all components of the systems in Western Massachusetts as mandated by two federal court ordered consent decrees.

October 1977 to August 1982:

Community Residential Services Consultant
State of Georgia
Division on Mental Health and Mental Retardation
Atlanta, Georgia

Responsible for the statewide planning and monitoring of community residential services for people with mental retardation, including those with a dual diagnosis of mental illness, particularly those in transition from institutional settings. Designed specific plans and processes for the placement of five hundred clients from state institutions throughout Georgia.

July 1976 to April 1977:

Advocacy Specialist
Advocacy Planning Project
Atlanta Association for Retarded Citizens
Atlanta, Georgia

Responsible for the statewide design and implementation of a protection and advocacy system for people with developmental disabilities as specified in Public Law 94-103. Activities included the planning and implementation of public hearings throughout Georgia.

July 1975 to July 1976:

Community Services Consultant
State of Georgia
Division of Mental Health and Mental Retardation
Atlanta, Georgia

Supervision of community services workers monitoring the placement of people with mental retardation who had returned to the Atlanta area from state institutions.

April 1974 to July 1975:

Cottage Life Supervisor
Georgia Mental Health Institute
Atlanta, Georgia

Supervisor of staff working in a transitional living unit for adults with mental retardation, including those with a dual diagnosis of mental illness, previously institutionalized in state facilities.

November 1973 to April 1974:

Assistant Teacher
Georgia Center for the Multihandicapped
Dekalb County Schools
Atlanta, Georgia

Assisted in the evaluation of school-aged children with multiple disabilities, including deafness and/or blindness. Assisted in the coordination of community-based services for these children in order to support their individual and family needs.

January 1971 to October 1971:

Editorial Assistant
Department of Anthropology
University of Turin
Turin, Italy

Editing of manuscripts on primate classification. Editing and preparation of journal articles on genetics for the Academic Press, London. Teaching of English to graduate students at the University of Turin.

January 1969 to June 1970:

Substitute Teacher
Board of Education
Dayton, Ohio

Teacher of remedial class for seventh and eighth grade inner city children bused to suburban school to meet desegregation mandates.

CONSULTATION

Maine: Consultant to the State Department of Health and Human Services regarding mental health services related to achieving compliance in the Bates v. Nicholas case (February 2006-present).

New York: Expert consultant in Disability Advocates, Inc. v. Pataki, litigation brought on behalf of the residents of adult board and care homes in New York City (June 2004-

present).

Expert consultant in **Rothenberg v. State**, a case brought on behalf of an individual confined to a state psychiatric hospital (July 2004-present)

Paraguay: Expert consultant to Mental Disability Rights International on the reform of the mental health system in Paraguay. Action is being taken pursuant to the Inter-American Commission on Human Rights' decision to grant precautionary measures regarding the Neuro-Psychiatric Hospital in Asuncion. (2005-present)

Bulgaria: In collaboration with Amnesty International and Mental Disability Rights International, expert for the Bulgaria Helsinki Committee. Visited eight institutions for children and adults with mental retardation and/or mental illness in order to provide recommendations for systemic reform. Guest presenter at the Bulgarian Psychiatric Association's annual conference (October 2001-2002).

Massachusetts: Expert for the plaintiffs in Rolland v. Celluci (1999-2004). Case involves the right to habilitation for individuals with mental retardation/developmental disabilities confined to nursing homes.

Ireland: Guest lecturer to students/faculty at the Center for the Study of Developmental Disabilities, University College of Dublin, in contemporary issues in the field of mental retardation (1999-present).

Pennsylvania: Consultant for the Special Master in Halderman v. Pennhurst (May 1996-January 1997).

Romania: Consultant for Mental Disability Rights International on the development of services/supports for people with mental retardation (November 1995-1997).

District of Columbia: Expert for the Department of Justice, Plaintiff-intervenor in Evans v. Barry, a class action lawsuit filed in federal court on behalf of individuals with a developmental disability institutionalized at Forest Haven (February 1995-May 1995).

Massachusetts: Expert for the Defendants regarding the implementation of the consent decrees regarding the state schools (1992).

Texas: Expert for the Plaintiffs in Leslz v. Kavanagh, a class action lawsuit regarding the rights of individuals with mental retardation residing in institutions funded by the State of Texas (1991-1992).

North Dakota: Consultant for the Protection and Advocacy System regarding systemic issues affecting individuals with mental illness institutionalized in state psychiatric facilities (1992).

Iowa: Expert for the Plaintiffs in O'Connor v. Branstad, a class action lawsuit on behalf of individuals with mental retardation residing in two state schools (May 1989 to 1994).

New Mexico: Expert witness in Robbins et al. v. Budke, a class action case concerning access of the Protection and Advocacy System to a state hospital (December 1989).

Michigan: Expert witness in Kope v. Watkins, a class action lawsuit on behalf of individuals with mental retardation living in nursing homes (January 1989-1993).

Louisiana: Consultant to the Special Master in the Gary W. case in the New Orleans region (Spring 1986).

England and Wales: Consultant on the development of mental retardation services for the Sheffield Health Authority, Manchester Health Authority and NINROD of Cardiff, Wales (October 1984).

Prior Work in Other Litigation

In Rolland v. Celluci, I provided deposition and trial testimony.

In Robbins et al. v. Budke, I provided trial testimony.

2

Site Visits to Adult Homes

I conducted site visits to the following adult homes on the dates specified:

Anna Erika (5/8/05)
Bayview Manor (9/18/04, 11/18/04)
Belle Harbor Manor (4/22/05)
Brooklyn Manor (6/5/04, 6/10/05)
Elm-York Home (9/14/04)
Garden of Eden (9/18/04, 12/16/05)
Lakeside Manor (3/21/05)
Long Island Hebrew Living Center (7/18/05)
Mermaid Manor (11/18/04, 4/23/05, 1/11/06)
New Central Manor (11/5/04)
New Gloria's Manor (5/26/05)
New Haven Manor (5/5/05)
Ocean House Center (9/20/04)
Ocean View Manor Home (11/18/04, 1/11/06)
Park Inn (11/5/04)
Parkview Manor (9/19/04)
Queens Adult Care Center (4/4/05)
Riverdale Manor (9/19/04, 11/16/05)
Sanford Home (9/14/04)
Seaview Manor (9/17/05, 1/12/06)
Surf Manor (6/5/04)
Surfside Manor (4/21/05, 1/12/06)
Thomas Jefferson (8/23/05)

3

Exhibit 3

Documents Considered

1. Documents produced by Queens Adult Care Center (QAC 1-580)
2. Documents produced by Lakeside Manor (LAKE 1-298)
3. Documents produced by Anna Erika (AE 1-718)
4. Documents produced by Department of Health – DOH 77300-77360; DOH 76667-76676; DOH 77421-77448; DOH 77128-77141; DOH 76785 – 76798; DOH 76933 – 76936; DOH 77142-77152; DOH 196524 - 197087
5. Marc Santora, "*At a Home for the Mentally Ill, the Problems Are Legion but the Solutions Are Not*" The New York Times, May 15, 2005
6. Transcript of and exhibits from the deposition of Martha Bruce, dated July 22, 2005
7. Documents produced by Garden of Eden (GOE 1 – 58)
8. Documents relating to Garden of Eden
9. Documents relating to Seaview Manor
10. Transcript of and exhibits from the deposition of an adult home resident dated November 9, 2005
11. Transcript of and exhibits from the deposition of and adult home resident dated October 28, 2005
12. Transcript of and exhibits from the deposition of an adult home resident dated October 19, 2005
13. Transcript of and exhibits from the deposition of an adult home resident dated November 3, 2005

14. Transcript of and exhibits from the deposition of an adult home resident dated September 29, 2005

15. Transcript of and exhibits from the deposition of Sam Tsemberis, dated October 12, 2005 and November 9, 2005

16. "*Transforming MH Care in America: The Federal Action Agenda, First Steps*," U.S. Department Health and Human Services, Substance Abuse and Mental Health Services Administration, dated July 2005

17. Adult Home Resident Records Produced – PC 1-276, PC 1 – 314; DW 1-6, Q 64 – 181; SMK 1 – 99; Q 63; GL-MHP 1 – 251, GL 1 – 8; AMR 1 – 8, SH 290 – 312; BJ-SC 1 – 94, BJ 1 – 13; P 91 – 129; P 1 – 90; B 1 – 114; RH 1 – 35, SH 234 – 282; OM 437 – 563, OM 581 – 808; SMK 100 - 194; L 1 – 101; JMQ 1 – 39, DOH 33146-33197; AE 1 – 93; SM 184 – 220; B 115 – 184; SM 221 – 347; NH 1 – 82; Q 182 – 238; IK 456 – 495

18. Notes relating to reports of adult home resident (GOE 1 – 58)

19. Notes relating to reports of adult home resident (R 1-104)

20. Notes relating to reports of adult home residents of Garden of Eden (GOE 59 – 1527)

21. Notes relating to reports of adult home residents of Riverdale Manor (R 105 – 3548)

22. Notes relating to reports of adult home residents of Seaview Manor (SE 1 – 1667)

23. Documents produced by Elm-York Home (EY 1 – 1700)

24. Transcript of and exhibits from the deposition of an adult home resident dated November 28, 2005

25. Transcript of and exhibits from the deposition of an adult home resident dated November 5, 2005 and November 15, 2005
26. Transcript of and exhibits from the deposition of an adult home resident dated November 30, 2005
27. Transcript of and exhibits from the deposition of an adult home resident dated December 2, 2005
28. Transcript of and exhibits from the deposition of an adult home resident dated December 14, 2005
29. Transcript of and exhibits from the deposition of an adult home resident dated December 16, 2005
30. Transcript of and exhibits from the deposition of an adult home resident dated December 2, 2005
31. Transcript of and exhibits from the deposition of an adult home resident dated December 27, 2005
32. Transcript of and exhibits from the deposition of an adult home resident dated December 29, 2005
33. Transcript of and exhibits from the deposition of an adult home resident dated December 29, 2005
34. OMH Statewide Comprehensive Plan for Mental Health Services (OMH 37082 – 37247)
35. OMH Official Policy Manual: Patient Care Discharge and Conditional Release (OMH 553 – 559)
36. Documents produced by Bayview Manor (B 185 – 1178)

37. Documents produced by Sanford Home (SH 313 – 794)

38. Documents produced by Surf Manor (SM 348 – 1023)

39. Documents produced by Queens Adult Care Center (Q 239 – 2160)

40. Documents produced by Ocean View Manor Home (OM 310 – 3523)

41. Transcript of an exhibits from the deposition of an adult home resident dated December 30, 2005

42. Transcript of an exhibits from the deposition of an adult home resident dated December 30, 2005

43. Resident records produced by HRA (HRA 117 – 11443)

44. Transcript of an exhibits from the deposition of an adult home resident dated December 28, 2005

45. Documents produced by Ocean House Center (OH 1 – 695)

46. Documents produced by OMH (OMH 40812 – 40994; OMH 40995 – 41179)

47. Mental Health Provider Documents: JBFCS 498 – 9400; PAHCM 1 – 374; SCS 1 – 348; NHCC 1 – 6368; GCC 1 – 778; FEGS 119A – 472; BFY 2173 – 2334; FHMC 1 – 611; JGB 1 – 548; LICH 1 – 308; ICLI 1 – 707; JPBVA 1 – 980; CPC 1 – 329

48. Draft report of Ivor Groves

49. Draft report of Dennis Jones

50. Clifford Levy, "*For Mentally Ill, Death and Misery*," The New York Times, April 28, 2002; Clifford Levy, "*Ingredients of a Failing System: A Lack of State Money, a Group Without a Voice*," The New York Times, April 28, 2002; Clifford Levy, "*Here, Life is Squalor and Chaos*, The New York Times, April 29, 2002; Clifford

Levy, "*State is Failing Mentally Ill, Study Says*," The New York Times, September 15, 2002; Clifford Levy, "*Panel Urges Change in New York Homes for the Mentally Ill*," The New York Times, September 24, 2002

51. Title 2 of the Americans with Disabilities Act

52. *Olmstead* v. *L.C.*, 527 U.S. 581 (1999)

53. "The Adult Home Industry: A Preliminary Report" by the New York City Council Subcommittee on Adult Homes, 1979 (DAI 3569 – 3614)

54. "Private Proprietary Homes for Adults: their administration, management, control, operation, supervision, funding & quality of" – A Second Investigative Report by Charles Hynes, March 31, 1979 (DAI 2857 – 2996)

55. "Adult Homes: Serving Residents with Mental Illness" report by the New York State Commission on Quality Care for the Mentally Disabled, October 1990, (DAI 2717 – 2795)

56. "Exploiting Not-For-Profit Care in an Adult Home: The Story Behind Ocean House Center, Inc." report by the New York State Commission on Quality Care for the Mentally Disabled, December 2001, (DAI 3007 – 3058)

57. "Interagency Adult Home Initiative" by the New York State Department of Health, the New York Office of Mental Health, the New York State Commission on Quality of Care for the Mentally Disabled, the New York State Office for the Aging, (DAI 750)

58. NYS Commission on Quality Care for the Mentally Disabled, August 2002

59. Adult Home Regulations, 18 NYCRR Part 485, 486, 487

60. Erving Goffman, "*Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*," November 10, 1961

61. Ridgeway and Zipple, "The Paradigm Shift in Residential Services: From the Linear Continuum to Supported Housing Approaches" *Psychosocial Rehabilitation Journal*, April 1990, vol. 13, issue 4

62. Statewide Comprehensive Plan for Mental Health Services for 2001 – 2005 (OMH 31558 – 31613)

63. Statewide Comprehensive Plan for Mental Health Services for 2005 – 2010

64. Statewide Comprehensive Plan for Mental Health Services for 2006 – 2010

65. Interview notes of social workers Susan Saler, Ken Dubin, Ilana Marmon, and related newspaper articles

66. Tsemberis, Gulcur and Nakae, "Housing First, Consumer Choice and Harm Reduction for Homeless Individuals with a Dual Diagnosis" *American Journal of Public Health*, April 2004, vol. 94, no. 4 (PTH 197 – 201)

67. Selection of articles by Dr. J. Geller

68. *Disability Advocates* v. *Pataki*, Civ. No. 03-3209 (E.D.N.Y.) - Complaint dated June 30, 2003

69. *Disability Advocates* v. *Pataki*, Civ. No. 03-3209 (E.D.N.Y.) – Protective Order dated May 19, 2004

70. Documents relating to Queens Adult Care Center

Bates No.
DOH 630-630
DOH 632-652
DOH 653-653

Bates No.
DOH 654-657
DOH 2276-2276
DOH 2277-2295

Bates No.
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DOH 16204-16209

Bates No.
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OMH 6803-6805
OMH 6906-6908
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OMH 7315-7317
OMH 7338-7343
OMH 8296-8300
OMH 9063-9065
OMH 9211-9218
OMH 9654-9654
OMH 9755-9755
OMH 9791-9791
OMH 9792-9792
OMH 9807-9807
OMH 9813-9813

Bates No.
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OMH 10166-10166
OMH 10320-10328
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OMH 11337-11339
OMH 10685-10685
OMH 10966-10969
OMH 11340-11345
OMH 28452-28458
OMH 28459-28459
OMH 28460-28461
OMH 28492-28495
OMH 28501-28501
OMH 28683-28693

71. Documents relating to Lakeside Manor

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DAI 3185-3194
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DOH 56102-56104
DOH 85129-85129

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DOH 56128-56129

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Bates No.
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OMH 10360-10361
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OMH 11340-11345
DOH 654-657
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DOH 632-652
DOH 2277-2295

72. Documents relating to Queens Adult Care Center

Bates No.
CIAD 1816-1819
CIAD 1848-1851
DOH 27311-27311
DOH 27313-27316

Bates No.
DOH 27317-27321
DOH 27322-27326
DOH 27329-27330
DOH 27333-27351

Bates No.
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DOH 27671-27706
DOH 27708-27708

Bates No.
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DOH 28168-28178
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DOH 95807-95812
DOH 97233-97235

Bates No.
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DOH 101943-101943
DOH 101944-101944
DOH 101945-101945
DOH 101946-101946
DOH 101950-101950
DOH 101952-101952
DOH 101953-101953
DOH 101957-101957
DOH 102003-102003
DOH 102004-102004
DOH 102005-102006
DOH 102007-102007
DOH 102008-102008
DOH 102009-102009
DOH 102011-102011
DOH 102051-102051
DOH 102053-102053
DOH 102168-102169
DOH 102311-102311
DOH 102312-102312
DOH 102313-102313
DOH 103745-103745
DOH 103943-103968
DOH 103969-103994
DOH 103995-104020
DOH 105554-105651

Bates No.
DOH 105999-106015
DOH 106016-106018
DOH 106021-106031
DOH 106032-106041
DOH 106042-106050
DOH 106051-106065
DOH 106066-106080
DOH 106081-106088
DOH 106089-106090
DOH 106092-106094
DOH 106645-106663
DOH 106664-106679
DOH 106680-106698
DOH 107426-107439
DOH 109388-109414
DOH 109472-109483
DOH 109484-109504
DOH 109565-109578
DOH 109614-109623
DOH 109739-109742
DOH 109747-109766
DOH 109777-109785
DOH 110119-110123
DOH 110124-110127
DOH 110128-110130
DOH 110623-110632
DOH 110633-110661
DOH 115607-115609
DOH 115662-115664
DOH 115717-115717

Bates No.
DOH 116876-116877
DOH 117094-117095
DOH 117194-117194
DOH 117271-117271
DOH 117282-117282
DOH 117334-117337
DOH 117390-117393
DOH 117502-117504
DOH 117671-117671
DOH 117909-117910
DOH 118017-118020
DOH 118231-118231
DOH 118281-118282
DOH 118709-118709
DOH 118766-118766
DOH 119005-119013
DOH 119883-119883
DOH 119938-119938
DOH 120143-120143
DOH 120298-120304
DOH 120913-120913
DOH 121668-121669
DOH 122312-122313
DOH 122324-122325
DOH 122988-122989
DOH 123898-123899
DOH 123901-123902
DOH 124841-124842
DOH 125719-125719
DOH 125736-125736

Bates No.
DOH 125939-125939
DOH 125940-125943
DOH 125982-125983
DOH 126031-126031
DOH 126077-126082
DOH 126083-126083
DOH 126084-126089
DOH 126097-126100
DOH 126101-126104
DOH 126105-126106
DOH 126121-126124
DOH 126449-126450
DOH 126846-126847
DOH 127121-127147
DOH 127230-127230
DOH 127584-127588
DOH 127597-127599
DOH 127613-127616
DOH 127617-127619
DOH 127620-127622
DOH 128391-128392
DOH 128679-128682
DOH 128699-128699
DOH 128704-128704
DOH 128934-128935
OMH 12223-12286
OMH 13135-13153
OMH 13208-13222
OMH 13455-13456
OMH 13626-13627

Bates No.
OMH 13722-13724
OMH 13836-13837
OMH 13838-13839
OMH 13841-13842
OMH 13844-13852
OMH 13853-13854
OMH 13855-13858
OMH 13859-13862
OMH 13863-13866
OMH 13881-13883
OMH 16617-16620
OMH 17245-17246
OMH 17329-17334
OMH 17977-17978
OMH 18278-18278
OMH 18289-18289
OMH 18315-18315
OMH 18317-18317
OMH 18330-18330
OMH 18342-18342
OMH 20381-20403
OMH 20434-20434
OMH 20469-20470
OMH 20635-20638
OMH 20639-20649
OMH 20650-20673
OMH 20674-20676
OMH 20765-20788
OMH 20812-20812
OMH 20813-20817

Bates No.
OMH 20818-20821
OMH 20822-20822
OMH 20829-20835
OMH 20836-20849
OMH 20850-20854
OMH 20863-20865
OMH 20866-20868
OMH 20870-20873
OMH 20878-20889
OMH 20891-20896
OMH 20907-20907
OMH 20908-20909
OMH 20910-20911
OMH 20917-20920
OMH 20921-20922
OMH 20925-20927
OMH 21011-21011
OMH 21021-21021
OMH 21107-21107
OMH 21134-21137
OMH 21148-21149
OMH 21176-21183
OMH 21360-21372
OMH 21410-21411
OMH 21414-21415
OMH 21557-21557
OMH 21725-21725
OMH 21728-21729
OMH 21730-21732

Bates No.
OMH 21731-21736
OMH 21737-21737
OMH 21739-21740
OMH 21741-21741
OMH 21742-21743
OMH 21744-21744
OMH 21937-21939
OMH 21940-21940
OMH 21961-21961
OMH 22591-22591
OMH 22592-22592
OMH 22732-22732
OMH 22752-22753
OMH 22835-22837
OMH 22854-22855
OMH 22974-22976
OMH 22984-22992
OMH 23029-23031
OMH 23048-23048
OMH 23049-23049
OMH 23052-23052
OMH 23053-23053
OMH 23315-23319
OMH 24375-24375
OMH 24547-24560
OMH 24613-24617
OMH 24826-24826
OMH 24963-24963
OMH 25065-25065
OMH 25382-25383

Bates No.
OMH 25520-25520
OMH 25554-25554
OMH 25560-25561
OMH 25564-25564
OMH 25571-25572
OMH 25623-25624
OMH 25628-25628
OMH 25642-25642
OMH 25673-25673
OMH 27347-27347
OMH 27349-27351
OMH 27357-27357
OMH 27414-27414
OMH 27443-27445
OMH 27758-27758
OMH 27761-27762
OMH 27796-27798
OMH 27821-27821
OMH 27881-27881
OMH 27906-27908
OMH 27994-28002
OMH 28007-28007
OMH 28011-28011
OMH 28013-28014
OMH 28290-28290
OMH 28321-28322
OMH 28343-28343
OMH 28683-28693
OMH 29207-29211
OMH 29217-29218

Bates No.
OMH 29219-29238
OMH 29565-29566
OMH 29571-29578
OMH 29739-29741
OMH 29762-29762
OMH 30119-30120
OMH 30178-30178
OMH 30365-30365
OMH 31057-31057
OMH 31073-31074
OMH 31110-31110
OMH 31186-31186
OMH 31231-31231
OMH 31295-31295

Bates No.
OMH 31313-31313
OMH 31342-31342
OMH 31343-31343
OMH 31347-31347
OMH 31365-31365
OMH 31374-31374
OMH 31382-31382
OMH 31384-31385
OMH 31392-31392
OMH 31449-31449
OMH 31452-31452
OMH 31458-31459
OMH 31491-31491
OMH 31736-31738

Bates No.
OMH 31947-31947
OMH 31954-31956
OMH 31993-31993
OMH 32011-32011
OMH 32012-32012
OMH 32017-32017
OMH 32073-32073
OMH 32074-32074
OMH 32082-32082
OMH 32474-32477
OMH 33710-33710

73. Lakeside Issue Pocket 3/9/2005

Bates No.
DOH 81336-81348
DOH 94057-94058
DOH 95635-95636
DOH 95807-95812
DOH 100725-100729
DOH 102109-102111
DOH 102112-102114
DOH 102115-102116
DOH 102168-102169
DOH 103943-103968
DOH 103969-103994
DOH 103995-104020

Bates No.
DOH 104692-104710
DOH 104901-104921
DOH 104922-104932
DOH 105480-105495
DOH 107892-107893
DOH 108684-108686
DOH 108876-108876
DOH 108877-108899
DOH 108900-108917
DOH 108918-108933
DOH 108934-108947
DOH 108948-108977
DOH 108978-108984

Bates No.
DOH 108991-109008
DOH 109009-109022
DOH 111443-111446
DOH 111484-111487
DOH 111495-111498
DOH 111509-111514
DOH 116375-116378
DOH 116614-116619
DOH 116697-116698
DOH 116970-116974
DOH 117198-117198
DOH 117395-117400
DOH 117672-117677

Bates No.
DOH 118283-118284
DOH 118404-118404
DOH 118513-118513
DOH 118534-118572
DOH 119005-119013
DOH 119095-119097
DOH 120030-120030
DOH 121166-121166
DOH 121540-121540
DOH 121547-121547
DOH 121556-121558
DOH 121562-121563
DOH 121567-121568
DOH 122046-122046
DOH 123817-123817
DOH 123847-123847
DOH 123855-123856
DOH 123964-123964
DOH 125813-125814
DOH 125816-125817
DOH 125821-125825

Bates No.
DOH 126449-126450
DOH 126557-126557
DOH 126567-126568
DOH 126580-126583
DOH 126588-126589
DOH 126656-126656
DOH 126846-126847
DOH 126946-126955
DOH 127283-127285
DOH 127286-127287
DOH 127288-127288
DOH 127289-127289
DOH 127290-127290
DOH 127291-127291
DOH 127292-127292
DOH 127323-127324
DOH 128723-128724
DOH 128730-128730
DOH 129496-129498
OMH 12541-12556
OMH 17415-17423

Bates No.
OMH 18009-18009
OMH 18219-18219
OMH 21196-21198
OMH 21244-24255
OMH 21344-21350
OMH 21374-21401
OMH 21403-21408
OMH 21762-21764
OMH 21961-21961
OMH 22040-22074
OMH 27414-27414
OMH 30997-30997
OMH 31003-31003
OMH 31004-31004
OMH 31032-31032
OMH 31033-31033
OMH 31191-31191
OMH 33327-33352
OMH 33433-33433
OMH 33710-33710

74. Documents relating to Brooklyn Manor

Bates No.
DOH 127518-127523
DOH 127544-127544
DOH 127499-127500
DOH 127348-127362
DOH 127328-127338

Bates No.
DOH 112852-112868
DOH 112786-112844
OMH 24679-24679
OMH 24677-24677
DOH 112975-112989
DOH 112877-112896

Bates No.
OMH 11001-11007
OMH 10982-10987
OMH 11010-11012
OMH 11008-11009
OMH 10970-10970
OMH 2660-2660

Bates No.
OMH 2658-2658
OMH 2657-2657
DOH 125575-125575
DOH 123788-123788
DOH 13874-13881
DOH 18997-18998
DOH 1412-1415
DOH 1428-1431
OMH 7185-7186
DOH 127632-127632
DOH 127600-127606
DOH 127501-127501
DOH 127498-127498
DOH 123558-123566
DOH 128773-128773
DOH 63727-63747
OMH 2643-2647
DOH 128674-128676
DOH 129499-129501
DOH 129469-129475
DOH 125704-125704
OMH 28245-28245
OMH 28061-28062
DOH 107610-107613
DOH 107605-107609
OMH 24175-24175
OMH 24860-24860
DOH 119939-119943
DOH 112969-112974
DOH 112869-112876

Bates No.
DOH 112343-112343
DOH 63608-63612
OMH 10994-11000
OMH 10971-10981
PWBM 181-182
OMH 2690-2700
OMH 10988-10993
OMH 11020-11025
OMH 11013-11019
OMH 2648-2651
OMH 2642-2642
OMH 2605-2630
DOH 84681-84682
DOH 84662-84664
OMH 6759-6762
DOH 84514-84523
DOH 84336-84341
DOH 84306-84311
OMH 7325-7327
OMH 2702-2707
OMH 2661-2661
OMH 2654-2656
OMH 2653-2653
OMH 2636-2641
OMH 2593-2601
OMH 2589-2592
OMH 36136-36164
OMH 36134-36135
OMH 36133-36133
OMH 36112-36112

Bates No.
DOH 129759-129759
DOH 129698-129700
DOH 129697-129697
DOH 124987-124988
DOH 124986-124986
DOH 124975-124978
DOH 124969-124974
DOH 124961-124961
DOH 124957-124957
DOH 124948-124948
DOH 124758-124760
DOH 124752-124753
DOH 124736-124736
DOH 124562-124562
DOH 124606-124612
DOH 124709-124709
DOH 124671-124673
DOH 124668-124670
DOH 122714-122714
DOH 122458-122459
DOH 124408-124410
DOH 124377-124378
DOH 124374-124376
DOH 122739-122739
OMH 28800-28801
OMH 28507-28512
OMH 28479-28484
DOH 123556-123557
OMH 28785-28786
DOH 125206-125207

Bates No.
DOH 125190-125191
DOH 125186-125186
DOH 125167-125170
DOH 125166-125166
DOH 125149-125151
DOH 125129-125129
DOH 125051-125051
DOH 125030-125034
DOH 125029-125029
DOH 124103-124103
DOH 124014-124016
DOH 123986-123987
DOH 123974-123979
DOH 123973-123973
DOH 123967-123968
DOH 123946-123947
DOH 123909-123909
DOH 123704-123705
DOH 123683-123683
DOH 123674-123682
DOH 123665-123673
DOH 123631-123636
DOH 123462-123485
DOH 122899-122899
DOH 122749-122750
DOH 122740-122743
DOH 122738-122738
DOH 123571-123571
OMH 24371-24372
OMH 24370-24370

Bates No.
OMH 24264-24264
DOH 110760-110770
DOH 110751-110754
DOH 82344-82388
DOH 82389-82490
DOH 19395-19460
DOH 19541-19601
DOH 19133-19148
DOH 19149-19156
DOH 19355-19366
DOH 19367-19377
DOH 18255-18265
DOH 18991-18991
DOH 19031-19038
DOH 19226-19253
DOH 19027-19030
DOH 18992-1 8994
DOH 18806-18816
DOH 18306-18774
DOH 18984-18986
DOH 19025-19026
DOH 18266-18305
DOH 18914-18916
DOH 18983-18983
DOH 18959-18982
DOH 18999-19002
DOH 19061-19062
DOH 18854-18874
DOH 19015-19022
DOH 19256-19354

Bates No.
DOH 18917-18918
DOH 19009-19011
DOH 19095-19130
DOH 18957-18957
DOH 19039-19041
DOH 19221-19225
DOH 19157-19219
DOH 19013-19014
DOH 18958-18958
DOH 18953-18956
DOH 18952-18952
DOH 18799-18805
DOH 18946-18946
DOH 19059-19060
DOH 18947-18951
DOH 19463-19536
DOH 3355-3365
DOH 3275-3311
DOH 1528-1567
DOH 1407-1409
DOH 1416-1424
DOH 1440-1442
DOH 1432-1439
DOH 1374-1375
DOH 1460-1467
DOH 121838-121838
DOH 121779-121780
DOH 18837-18853
DOH 18936-18936
DOH 18817-18836

Bates No.
DOH 18931-18935
DOH 18214-18214
DOH 18219-18219
DOH 18929-18929
DOH 18987-18988
DOH 18924-18928
DOH 18200-18212
DOH 18938-18945
DOH 18921-18922
DOH 18937-18937
DOH 19023-19024
DOH 18777-18798
DOH 19005-19005
OMH 22606-22606
OMH 24321-24321
OMH 28795-28799
OMH 28833-28833
OMH 28813-28816
OMH 28769-28770
OMH 28777-28777
OMH 28789-28793
OMH 28839-28840
OMH 28417-28418
DOH 12989-13026
DOH 18989-18990
DOH 102359-102360
DOH 63760-63761
OMH 28744-28745
DOH 128100-128100
DOH 127970-127971

Bates No.
OMH 13656-13659
OMH 13458-1 3465
DOH 127323-127324
OMH 18298-18302
OMH 18004-18006
OMH 17329-17334
OMH 17323-17326
OMH 17318-17321
OMH 17310-17314
OMH 17304-17308
OMH 17293-17296
OMH 17288-17291
OMH 17272-17274
DOH 117995-117996
DOH 103678-103678
OMH 23036-23036
OMH 28324-28325
OMH 28127-28128
OMH 28084-28106
DOH 100107-100129
DOH 120824-120841
OMH 24262-24262
OMH 24239-24241
DOH 126546-126549
DOH 112740-112750
DOH 115339-115350
DOH 115332-115338
DOH 64153-64159
DOH 12984-12984
DOH 116209-116209

Bates No.
DOH 115758-115764
OMH 22609-22609
OMH 21817-21818
OMH 28083-28083
OMH 26849-26849
DOH 119862-119863
DOH 112261-112263
DOH 64680-64681
DOH 64427-64434
DOH 64317-64347
DOH 64187-64226
DOH 63398-63423
DOH 63396-63397
DOH 63333-63340
DOH 63194-63197
OMH 22740-22740
DOH 19085-19092
DOH 1425-1427
DOH 18930-18930
DOH 18923-18923
OMH 30475-30475
OMH 30224-30224
OMH 30179-30179
OMH 30160-30160
OMH 30155-30156
OMH 30141-30146
OMH 29944-29944
OMH 29728-29729
OMH 29467-29467
DOH 128321-128321